ACUR/LTSS UR Webinar FAQs

Acute Care Utilization Review (ACUR)

Please repeat what is in and out of scope for ACUR?

ACUR's scope includes review of MCOs' acute care utilization review and prior authorization (PA) processes within all lines of business, including STAR, STAR Health, STAR+PLUS and STAR Kids. CHIP and DMO activities are outside of the scope of this unit.

Will you select a random sample of services to review (inpatient, outpatient)? Or will you select all services to review?

The unit is mandated to oversee prior authorization and utilization review processes for acute care services. The initial review will be a process review and will not include the review of specific services. Future plans will be communicated to the MCOs prior to implementation.

LTSS UR does not directly review acute services. However, acute services may be related to LTSS services in reference to a change in condition, or discharge planning. The LTSS services the member receives should meet their unmet needs.

How will the authorization data be gathered?

Initially, MCO acute care PA processes, including policies and procedures, will be an ad hoc request to be uploaded to HHSC through TXMedCentral. ACUR is planning an MCO workgroup to develop a report that, once finalized, will be added as a deliverable to the Uniform Managed Care Manual (UMCM).

The review will be exclusive to STAR, STAR+PLUS and STAR Kids? Will MMP be included?

Our scope includes a review of MCOs' processes for acute care utilization review and PA within all lines of business including STAR, STAR Health, STAR + Plus and STAR Kids. CHIP and DMO activities are outside of the scope of this unit. Medicare-Medicaid Plan (MMP) is within the scope of the unit's work plan; however, this will not be included in our initial review.

How will this review affect Intermediate Care Facilities (ICFs)?

There is no plan at this time to specifically review ICFs.

Utilization Review for Long-Term Services and Supports (UR for LTSS)

When do the audits begin? When will the results of the reviews be revealed to the MCO's?

The informational review will be conducted sometime in SFY2018. Depending on the size of the review, the results can take anywhere from 2-10 months, as we must complete all MCO site visits and home visits, as well as desk reviews.

How will you assess the MCOs' effectiveness?

LTSS UR uses the ACT reporting format specified in the slide show presentation. We review for appropriateness of the enrollment and service planning processes, conduct of the assessment and service planning, as well as timeliness.

Will this review include Behavioral Health? If so is there a % of cases reviewed, or just a sample taken and if BH is included then it gets reviewed?

Behavioral health is considered part of the member's assessment. It is not reviewed as a separate sample at this time. For example, if a member is on an SSRI (type of anti-depressant), it would be part of the assessment to check for a mental health diagnosis and ask the member/LAR about current counseling, or the desire to obtain counseling.

May we have the TAC code for PDN once again?

Texas Administrative Code Title 1, Part 15, Chapter 363, Subchapter C and Subchapter F will guide PDN and PCS, respectively.

Can you describe the clinical consultancy more? Is that something a MCO could request, or is done during the referral process?

Clinical consultancy is provided on a requested basis, generally as an internal HHSC process. We routinely receive legislative complaints, and requests from non-clinical Health Plan Management (HPM) staff to LTSS UR registered nurses for a clinical review. MCOs may reach out to LTSS UR through their HPM team to seek input regarding challenging case management issues, or perhaps raise issues that aren't clear/aren't addressed in contract or handbook. HPM can engage and coordinate an interdepartmental analysis and response.

Is there Case study for non-MDCP to go through?

We will consider presenting a non-MDCP case in the future.

So what will the difference for RN and social worker SC services?

Registered nurse involvement is triggered by the NCAM, assessment for CFC services, or MDCP module completion. Please refer to the contract for specific service coordinator roles and licensure levels.

Please note that is it essential for all licensed personnel to adhere to their specific licensure requirements and scope of practice.

Will this be recorded? And, if so how can I access this?

We are working on the technical issues of sending out a large recording.

I am logged in and listening to the UM Webinar. You mentioned a "PDN training" that was done previously. I would really love to review this material.

Attached to the email.

How can we obtain the utilization review webinar from today? Additionally, how can we be added to the mailing list?

The MCOs receive a weekly MCO Notices email. Trainings and notices are sent out via this method of dissemination.

We count on your MCO to communicate regarding training and HHSC information to service coordinators. Please approach your management about training and HHSC email dissemination. I will also take this concern to leadership on our side.

Is the tool you use for auditing available for sharing?

We base our reviews on the record request form, SK2100.

Would you repeat what you said regarding PDN and parent need to work? Were you pointing out that PDN is reasonable request in order to allow parent to work?

From Texas Administrative Code Title 1, Part 15, Chapter 363, Subchapter C, Rule §363.309:

(g) HHSC may not:

   (1) require a recipient's responsible adult(s) to provide PDN services to the recipient;

(2) require a recipient or a recipient's responsible adult(s) to designate an alternate caregiver to provide PDN services; or

(3) deny or reduce the amount of requested PDN services because the recipient's responsible adult(s) is trained and capable of performing such services, but chooses not to do so.

Example of when service coordinators will reach out to UR for member assist:

LTSS UR registered nurses will meet with the service coordinators at home visits. During the home visit, follow-up items may be discussed that we expect to be addressed by the service coordinator. For example, there may have been a newly identified issue regarding informal support. The UR registered nurse may request follow-up regarding how the newly identified issue is resolved; or, the service coordinator may follow-up on their own. Sometimes these situations are complicated, and this is part of our professional collaboration to ensure the member's unmet needs are met.

Not related to this webinar in particular, but I supervise LVN staff, and hope to provide resources for education regarding case management in Medicaid and long term care members. Is there a certification that she can work towards to that HHSC has? She was wanting to get her CCM but does not have the four-year degree to qualify for the certification.

Here are some resources that we found via online search. These courses have not been researched for appropriate content by HHSC, nor are they endorsed by HHSC. HHSC does not conduct case management certification.

http://mentalhealthrecovery.com/info-center/wrap-courses/

http://www.integration.samhsa.gov/health-wellness/wham

http://hpcc.advancingexpertcare.org/

Answers from Eric Stratton, MSN, RN

Policy Advisor, Medicaid & CHIP Services

The SAI asks to complete the hours for the informal caregivers even when there are no services received. How do we address that?

We are unsure exactly what you mean by this question. The SAI itself does not request information on "hours" for the member or caregivers. If you are referring to Section E (Caregivers and Social Supports), no items in this

section are required in order to submit the SAI; therefore, if the member and/or formal caregiver either refuse to answer these items or indicate there are no additional informal caregivers, then the items may be omitted. Please see the STAR-Kids SAI Manual "Item by Item Definitions/Instructions" Section for more information on these items, attached to the email.

Can you utilize PCS for parents to go to work?

YES. According to Texas Administrative Code (TAC), Title 1, Part 15, Chapter 363 (Texas Health Steps Comprehensive Care Program), Subchapter F (Personal Care Services), Rule 363.605(c)(2), HHSC takes into account PCS needs based in part on "The responsible adult's need to sleep, work, attend school, and meet their own medical needs." These rules have been in place since September 1, 2014.

Some service coordinators have noticed that the NCAM triggers without triggering or opening up the PCAM. Is that truly how the assessment was meant to be completed? Or should the PCAM be completed if the NCAM was triggered? May be a technological error but not sure...

The PCAM is designed to address Personal Care Service needs, as defined by TAC, Title 1, Part 15, Chapter 363, Subchapter F, which includes activities of daily living and instrumental activities of daily living, among other things. The NCAM focuses specifically on nursing care needs as defined by TAC, Title 1, Part 15, Chapter 363, Subchapter C (Private Duty Nursing), among other things. Therefore, these are indeed separate assessments triggered by separate needs under state law and rules.

Is there a SK-SAI assessment manual or item-by-item guide available like there is for the MN-LOC assessment?

YES. It is called the *STAR-Kids SAI Manual*. Per the STAR Kids Contract, Attachment B-1, Section 8.1.39 (STAR Kids Initial Screening and Assessment Process), "Any MCO staff, or MCO-contracted staff, administering the SK SAI must take the SK SAI training module required by HHSC before administering the SAI." This training module, a webinar available from our partnership with Texas A&M University Health Science Center, references the *SAI Manual* and even recommends using the *Manual* along with the training. If you have not received this training or the *STAR-Kids SAI Manual*, please see your MCO supervisor, or notify Managed_care_initiatives@hhsc.state.tx.us with the subject line "SAI Training Questions." This manual is attached to the email.

Will you explain Medical Necessity related to a member wanting CFC HAB but don't need Skilled Nursing at home?

If an individual is requesting CFC services for a medical necessity (MN) level of care, perform the NCAM with the Core in the SAI and then record Item Z5a=1 (MN Determination Needed? = Yes). TMHP will then evaluate the member's SAI to determine if that member meets the medical necessity criteria for CFC. Please keep in mind that MN is *NOT* the only pathway to CFC services. A member may also qualify for CFC under intermediate care facility for individuals with intellectual and developmental disabilities level of care (ICF/IID, or more simply known as IDD). The Local Intellectual and Developmental Disability Authority (LIDDA) determines these cases. Or, a member may also qualify for CFC under institution for mental disease level of care (IMD). The Local Mental Health Authority (LMHA) determines these cases. For more information on CFC and the SAI, please see the *STAR Kids SAI Manual*, PCAM Introduction, and Section P. This is attached to the email.

How do we get the SAI and ISP individual training courses?

Per the STAR Kids Contract, Attachment B-1, Section 8.1.39 (STAR Kids Initial Screening and Assessment Process) which is linked in the email, "Any MCO staff, or MCO-contracted staff, administering the SK SAI must take the SK SAI training module required by HHSC before administering the SAI." This training module is a webinar available from our partnership with Texas A&M University Health Science Center, references the *SAI Manual* and even recommends using the *Manual* along with the training. If you have not received this training or the *STAR-Kids SAI Manual*, please see your MCO supervisor, or notify Managed_care_initiatives@hhsc.state.tx.us with the subject line "SAI Training Questions." A follow up advanced SAI webinar 201, "Tips, Tricks, and Best Practices" was provided on March 7, 2017 and has been sent to your MCO supervisors; the hand-outs will be available on the HHS STAR-Kids website soon. There has been no specialized training webinar on ISPs.

Can you go over the triggers of PCAM and NCAM?

Triggers in general are items throughout the SAI Core Module that indicate a need for further assessment, utilizing either the PCAM or NCAM. These items have been provided to the MCOs as part of the requirements for building their respective SAI interfaces. Examples of some triggers for the PCAM include: individual currently receives services from a personal care aide at school (Item B6a=1), as well as certain responses to items in Section

F (Strengths and Challenges in Performing Daily Tasks). Examples of some triggers for the NCAM include: individual currently receives private duty nursing at school (Item B6h=1), as well as responses to Formal Treatments in Last 30 Days (Item H5).

Clarification: PCAM does not need to be completed unless member is seeking PCS services?

NO. The PCAM must be completed if it is triggered *regardless of whether the individual is requesting PCS services*. The ONLY EXCEPTION to this is if the member is already in an IDD waiver (HCS, TxHmL, DBMD, or CLASS), in which case, do NOT perform the PCAM, even if triggered; this member receives PAS/HAB under CFC from their waiver provider, which is not the responsibility of the MCO. On a related note, Section P (Habilitation Needs) of the PCAM does NOT need to be completed unless the individual requests CFC services and is NOT already in an IDD waiver. For more information on CFC and the SAI, please see the *STAR Kids SAI Manual*, PCAM Introduction, and Section P. The manual is attached to the email.

When documenting informal support is this including the PAS provider?

NO. By definition an "informal caregiver" is not a paid staff person.

When SC completes a SAI on a member they would like to refer to the LIDDA for CFC services, they should, at the time of initial assessment, complete the HAB section if applicable?

If the assessor or service coordinator knows at the time of assessment he/she intends to refer the member to the Local Intellectual and Developmental Disability Authority (LIDDA) for CFC services under an ICF/IID (aka IDD) level of care determination, then do NOT perform any of the PCAM, including Section P (Habilitation Needs), even if it is triggered.

If an SC assesses a new member with SAI and determines an unmet need for CFC habilitation, will the SC complete the HAB portion of the SAI during that initial assessment OR will the SC go back out after the LIDDA or MN determination has been made/confirmed and approval sent to MCO?

If the member is *not* in a waiver program, has triggered the PCAM, and expresses an interest in CFC, then the service coordinator should perform PCAM Section P (Habilitation Needs) at that time during the SAI. Additionally, the SC should complete the NCAM, code item Z5a=1 to request a Medical Necessity (MN) determination, and then also make referrals both

to the LIDDA and LMHA for other level of care determinations. If MN is approved, Section P will be used for service planning and authorizations of PAS/HAB. If the LMHA approves IMD level of care, the same will apply. If instead the LIDDA approves ICF/IID (aka IDD) level of care, then the LIDDA will take over service planning for PAS/HAB. Bottom line: the MCO service coordinator should not have to make an additional visit to the member for CFC PAS/HAB service planning needs.

I hope you can help clarify something from the presentation slides. The last bullet point on this slide appears to contradict page 29 of the STAR Kids Implementation Detailed Transition Plan (from 10/7/16) It was my understanding that if the initial assessment using the SK-SAI did not fall within 90 days of the ISP end date, "MCO will submit the SAI (as an initial assessment) but will not submit an SK-ISP". This quote was also reiterated by Brian Dees during an HHSC/MCO policy call last week.

There is a difference between the narrative ISP ([Form 2603](#)) which must be maintained on every STAR Kids member, and the ISP Service Tracking Tool ([Form 2604](#)) that *only* applies to MDCP members. The information in the question above from the "STAR Kids Implementation Detailed Transition Plan" (attached to email) specifically references MDCP members and the requirements associated with submittal of their MDCP Form 2604 to TMHP which the HHSC Program Support Unit (PSU) reviews for accuracy and compliance to MDCP waiver program rules. Please see this presentation Slides 38-40 for more on the MDCP ISP Service Tracking Tool (Form 2604).